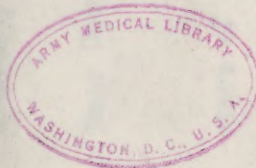


SUGGESTIONS FOR A PROGRAM FOR
THE CARE OF THE CHRONICALLY ILL IN ESSEX COUNTY

Memorandum submitted to

ESSEX COUNTY COMMITTEE FOR THE CARE OF THE CHRONICALLY ILL
(COMPOSED OF REPRESENTATIVES OF NEWARK, ORANGE AND MONTCLAIR COUNCILS
OF SOCIAL AGENCIES)

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Emil Frankel, Director
Division of Statistics and Research

January 1940

28 Apr '52

RECEIVED

DR. HENRY C. BARKHORN
45 JOHNSON AVENUE
NEWARK, NEW JERSEY 8

January 25, 1945

Dr. Emil Frankel
Dept. of Institutions and Agencies
Trenton, New Jersey

Dear Doctor Frankel:

Many thanks for making "Suggestions for a Program for the
Care of the Chronically Ill in Essex County" available to me. Hoard it!

The Essex County Medical Society would surely appreciate

a continuation of the report to date.

Gratefully

Henry C. Barkhorn

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INTRODUCTION

Nature of the Problem

Within the past few years private and public welfare workers have begun to recognize the fact that chronic illness is a distinct problem of present day social work and one which is worthy of serious consideration if it is to be solved successfully.

By chronic illness we generally understand diseases of the heart, kidney, liver, nervous system, etc. as well as cancer, arthritis, rheumatism and like disabilities which last at least three months and frequently for years, and which require constant medical care and attention.

Longevity Increasing Problem

Modern living conditions have to a great extent relieved the general population of the danger of infectious disease such as smallpox or plague; infant and child welfare movements have lowered child mortality rates considerably; present public health practices are all conducive to prolonging the span of life of the general population.

Long life, however, has not proved an unmitigated blessing to the majority of the population as a person rarely reaches the age of sixty-five without some symptom of chronic illness.

In 1901 the life expectancy of white males was 49 years in the United States; in 1937 it was 61 years; the life expectancy of white females was 51 years in 1901 and 65 years in 1937.

Studies of the age composition of the general population of Essex County made by the Department of Institutions and Agencies indicate that in the next twenty years - that is from 1940 to 1960 - the general population in the age groups 45-64 years will increase from 202,000 to 266,000 and the population 65 years and over from 52,000 to 96,000.

"Chronic" Not Necessarily "Incurable"

Up to the present time the treatment of the chronic sick has been greatly hampered by the widespread confusion of the terms "chronic" and "incurable." "Incurable" has a fatalistic sound which spells discouragement to the victim; means an economic burden to his family; and signifies defeat to modern science and medicine.

Frequently, however, "incurable" is a too hastily pronounced doom which can be avoided by proper care and treatment.

Many patients suffering from chronic illness, although not incurable, require a long period of treatment before they can be rehabilitated. Other patients are victims of a lingering, slowly-progressive illness which requires constant care and attention. Still other patients have a fairly constant state of disease which demands careful supervision if it is not to become worse. All such patients require extensive medical, clinical and hospital facilities.

In addition to the medical aspect of the problem of chronic illness, the social and economic burdens connected with long periods of disability are so great as to demand careful consideration.

Almshouse Common Resort of Chronically Ill

Although in general, adequate provisions have been made for the treatment of the mentally diseased, the mentally defective and the tuberculous, few communities have made any attempt to care for the chronically ill outside of the very limited facilities offered by the general hospitals and public almshouses.

Public Institutions Concerned

Although with few exceptions little has been done in public institutions to meet the medical needs of the chronically ill, it is obvious from the many studies and reports on the subject that the problem has been recognized and that efforts are being made to provide the necessary treatment for the aged and dependent chronically ill.

I. DEATHS FROM CHRONIC DISEASES IN ESSEX COUNTY

Vital statistics show that tremendous strides have been made in conquering diseases of early childhood, but that chronic diseases such as cancer, diabetes, cerebral hemorrhage, diseases of the heart and arteries, and nephritis have been taking an increasing toll of human life. For a number of decades there has been very little improvement in the death rates of people aged forty and over, while at sixty and over there is some evidence that death rates are higher than in the past.

The number of deaths in Essex County due to chronic diseases during 1938 are given in the following table:

Diseases of the heart	2781
Cancer and other malignant tumors	1241
Nephritis	570
Cerebral hemorrhage, cerebral embolism and thrombosis	646
Diabetes mellitus	262
Other diseases of the circulatory system	152
Diseases of the liver and biliary passages	193
Other general diseases and chronic poisonings	147
Other diseases of the nervous system and of the organs of special sense	99
Other diseases of the respiratory system (tuberculosis excepted)	58
Tumors, non-malignant or of which the nature is not specified	53
Progressive locomotor ataxia and general paralysis of the insane	25
Senility	37

In the table below are shown the trends in the death rates from the five of the more important chronic diseases constituting 62 per cent of all deaths in Essex County in 1938.

Deaths from Specified Chronic Diseases in Essex County

Chronic disease	Number of deaths				
	1938	1935	1930	1925	1920
Heart disease	2781	2452	1873	1534	1201
Cancer	1241	1085	930	801	591
Nephritis	570	304	435	435	719
Cerebral hemorrhage	646	569	607	732	608
Diabetes mellitus	262	252	202	184	135
Death rates per 100,000 General Population					
Heart disease	304.7	277.4	223.5	203.4	181.7
Cancer	136.0	122.7	111.0	106.9	89.4
Nephritis	62.5	71.0	95.6	93.3	108.8
Cerebral hemorrhage	70.8	64.4	72.4	97.7	92.0
Diabetes mellitus	28.7	28.5	24.1	24.6	20.4

The following table, which shows the ages of persons dying from chronic diseases in five of the more important disease groups, plainly indicates how these diseases affect the aged population.

Ages of Persons Dying from Specified Chronic Diseases
in Essex County - 1938

Chronic disease	Age distribution						
	Total	Under 30	30- 39	40- 49	50- 59	60- 69	70 and over
NUMBER							
Heart disease	2781	74	95	243	483	731	1155
Cancer	1241	27	46	156	288	369	355
Nephritis	570	24	21	53	83	143	246
Cerebral hemorrhage	646	5	16	39	97	198	291
Diabetes mellitus	262	6	3	15	65	77	96
PER CENT							
Heart disease	100.0	2.7	3.4	8.7	17.4	26.3	41.5
Cancer	100.0	2.2	3.7	12.6	23.2	29.7	28.6
Nephritis	100.0	4.2	3.7	9.3	14.6	25.1	43.1
Cerebral hemorrhage	100.0	0.8	2.5	6.0	15.0	30.7	45.0
Diabetes mellitus	100.0	2.3	1.1	5.7	24.8	29.4	36.7

The following figures are presented to give an indication of the problem of chronic diseases in the different municipalities of Essex County:

Deaths from Chronic Diseases in Selected Municipalities
in Essex County

Chronic disease and municipality	Number of deaths				
	1938	1935	1930	1925	1920
<u>Heart disease</u>					
Newark	1512	1357	1082	921	775
Irvington	166	131	115	65	37
The Oranges					
East Orange	255	235	159	127	112
Orange	101	51	88	89	56
West Orange	79	77	38	33	19
South Orange	50	35	24	21	14
Montclair	164	123	84	72	67
Belleville	84	63	55	47	*
Bloomfield	107	94	58	53	38
Nutley	69	51	47	35	15
<u>Cancer</u>					
Newark	633	553	487	488	371
Irvington	91	71	52	44	21
The Oranges					
East Orange	128	94	102	63	67
Orange	56	48	46	34	26
West Orange	39	36	30	18	22
South Orange	27	25	27	9	10
Montclair	63	60	43	47	28
Belleville	27	23	20	17	*
Bloomfield	43	54	47	31	14
Nutley	18	23	9	11	6

*Not reported

Deaths from Chronic Diseases in Selected Municipalities
in Essex County

Chronic disease and municipality	Number of deaths				
	1938	1935	1930	1925 [*]	1920
<u>Nephritis</u>					
Newark	270	304	435	435	447
Irvington	25	40	42	22	34
The Oranges					
East Orange	52	65	51	63	59
Orange	30	28	34	26	37
West Orange	9	25	30	9	15
South Orange	10	14	11	11	3
Montclair	29	30	50	31	37
Belleville	23	24	30	19	*
Bloomfield	48	33	40	32	22
Nutley	14	9	8	11	6
<u>Cerebral hemorrhage</u>					
Newark	325	289	309	392	319
Irvington	28	33	49	32	29
The Oranges					
East Orange	80	61	49	79	63
Orange	31	27	29	45	51
West Orange	23	17	15	22	6
South Orange	12	12	11	14	12
Montclair	41	35	29	34	36
Belleville	13	16	13	21	*
Bloomfield	26	26	36	22	21
Nutley	16	14	15	14	6
<u>Diabetes mellitus</u>					
Newark	156	139	133	110	91
Irvington	21	20	15	13	5
The Oranges					
East Orange	15	16	14	23	12
Orange	15	16	10	10	4
West Orange	6	9	2	5	2
South Orange	1	6	3	1	2
Montclair	13	15	3	7	2
Belleville	7	8	4	3	*
Bloomfield	10	9	6	6	5
Nutley	3	2	3	4	3

*Not reported

II. INCIDENCE OF CHRONIC ILLNESS IN ESSEX COUNTY

Department of Institutions and Agencies Survey

As a part of a state wide survey of chronic disease in New Jersey made by the Department of Institutions and Agencies in 1931 a somewhat more intensive study was made in Essex County with the cooperation of the Essex County Health Council, the Hospital Council of Essex County, the Welfare Federation of Newark, and the Associated Catholic Charities of Newark.

At that time, 1249 cases of chronic illness were reported in Essex County as under the care of social welfare and health agencies. Since the limited time of the survey did not make it possible for all agencies to report, and since other studies have indicated that only one-third of the chronically ill are known to welfare agencies, it is safe to estimate that there were 4500 in the county.

Of the 1249 cases reported, 322 (or 25 per cent) of the total were listed by public and private hospitals, 303 by homes for the aged, 278 by social service agencies, 162 by nursing services, 57 by private nursing homes and 127 by a convalescent home.

Type of agency reporting	Number of agencies	Number of cases	Per cent
Total	76	1249	100.0
Hospitals	18	322	25.8
General (public & private)	17	268	21.5
Chronic (public)	1	54	4.3
Convalescent homes	1	127	10.2
Private nursing homes	16	57	4.5
Homes for the aged	7	303	24.3
Public	1	206	16.5
Private	6	97	7.8
Nursing services	6	162	13.0
Social service agencies	28	278	22.2

Diagnosis by Sex

Consideration of the Essex County cases of chronic illness by sex shows that the number is fairly evenly divided between males and females. In the classification "general diseases" females outnumber males more than two-to-one, a situation which is caused by the preponderance of female cases suffering from arthritis and rheumatism, and diabetes.

Heart disease shows a considerably higher number of males over females, a situation which is true also in considering non-tuberculous diseases of the respiratory system and non-venereal diseases of the genito-urinary system.

Diagnosis	Total	Male	Female
Total	1249	615	634
I. Communicable diseases	53	26	27
Syphilis	29	15	14
All other	24	11	13
II. General diseases	287	89	198
Cancer and other malignant tumors	71	28	43
Arthritis and rheumatism	130	36	94
Diabetes	60	16	44
All other	26	9	17
III. Diseases of the nervous system and organs of special sense	300	153	147
Tabes dorsalis	16	15	1
Cerebral hemorrhage and shock	135	67	68
Other paralysis	73	33	40
All other	76	38	38
IV. Diseases of circulatory system	299	164	135
Diseases of heart	253	142	111
Arteriosclerosis	36	18	18
All other	10	4	6
V. Diseases of the respiratory system-Non-tuberculous	43	30	13
VI. Diseases of genito-urinary system-Non-venereal	88	55	33
VII. Old Age	35	10	25
Old Age	27	8	19
Senile dementia	8	2	6
VIII. All other diseases	131	81	50
IX. Diagnosis unknown - Ill-defined, not recorded	13	7	6

Care Needed and Received

Of the 1249 cases in Essex County, only 565 (45 per cent) were receiving appropriate care and 684 (55 per cent) were receiving care not suited to their needs.

Oranges and Maplewood Study

In a memorandum presented by the Council of Social Agencies of the Oranges and Maplewood to the Board of Chosen Freeholders of Essex County on September 17, 1930 concerning the need for a hospital for the care of the chronic ill the following statement is made:

"The need for a hospital for the care of chronic sick in the Oranges and Maplewood is recognized to be acute, both by the hospitals and the social agencies dealing with family problems and dependency."

A study of this situation made during the latter part of 1929 and the first few months of 1930 confirm the facts found in previous studies made by the Council of Social Agencies and the general feeling in regard to this situation both in our communities and elsewhere.

"On February 15, 1930", there were, says the report, "in the three hospitals supported by the Welfare Federation of the Oranges, 21 patients who, in the opinion of their physicians, needed care in a home or hospital for chronic cases. Hospital care is the most expensive kind of institutional care of the chronic sick. As it is from two to two and one-half the cost of special homes for chronic patients, it is wasteful of money and professional and technical skill. In addition to the varying number of such patients admitted to hospitals throughout the year, there are usually some 20 chronic patients other than tuberculous under the care of the Visiting Nurses Association of the Oranges. A considerable percentage of these could be more suitably cared for in a institution planned and operated for the chronically ill. At this time the city of Orange was paying for three cases in the Pitney Home in Plainfield at the rate of \$15.00 each a week - a higher rate than the per patient per day cost of municipal care for cases of this type."

It is estimated conservatively that in a county hospital for the care of chronics, the Oranges and Maplewood probably would need 100 beds. This is based upon one bed for every 1600 of the population. In most cities a ratio of one bed for every 900 to 1200 of the population is needed. In the study above referred to, made by Dr. Doane of Philadelphia, it is estimated, however, that because of the visiting nursing service maintained in the Oranges, it is probable that one bed for every 1600 of the population will suffice.

In a report made to the Council of Social Agencies on January 9, 1929, the committee on the care of chronics said, after affirming that the needs for the care of chronics outlined in 1926 by the same committee still existed, "that the care of the chronic sick, because of its permanence, is the responsibility of government."

Montclair Hospital Region Survey

A census of the chronically ill of the Montclair Hospital Region (Bloomfield, Glen Ridge, Montclair, West Essex) was made on March 1, 1935 by the Health Division of the Montclair Council of Social Agencies.

There were 515 persons reported as chronically ill in the Montclair hospital region. Their residence was distributed among the towns of the region in the following manner:

Total	515
Montclair	274
Bloomfield	142
Glen Ridge	6
West Essex towns	93

Of these chronic patients 11.5% were under fifteen years of age and 25% were less than thirty-five years old. More than 38% of them were suffering from diseases of the heart, and of these patients with heart disabilities 31 or 17% were under fifteen years of age and 62 or 34% were less than thirty-five years old.

The Committee expressed the opinion "that a complete program for the care of the chronically ill of the Montclair hospital region is a matter which must depend upon the planning and provision of facilities throughout a wider territory. Since our study indicates that a large majority of the chronically ill is receiving care at community expense, through either public or private agencies, we believe that the formulation of a program and the provision of facilities for the care of chronic patients should be undertaken as a responsibility of the Essex County Board of Chosen Freeholders."

III. PREVALENCE OF CHRONIC ILLNESS AMONG RELIEF RECIPIENTS

In the National Health Survey, chronic illness was found to have a definite relation to economic status. The report states*: "Among the relief and the low income groups the frequency of chronic disabling illness and of the resulting disability was considerably in excess of the frequency among the more comfortable groups. The disability, expressed as the average annual number of days lost per person, was two to three times as great in the lower income groups (relief and non-relief under \$1,000) as in the higher (\$3,000 and over). Thus the chronic disease problem is greatest among those economic groups which are least able to bear its costs in medical care, immediate wage losses and permanent invalidism.

In the New Jersey Relief Census made by the State Financial Assistance Commission on November 30, 1937, 3852 persons having physical disabilities were found to be on the relief rolls of Essex County.

Physical disability, as used in the Survey, was more inclusive than the term "chronic disease" would imply, in that a large proportion were included because of old age, fractures or other conditions not indicated to be chronic diseases.

The sex and color of persons with physical disabilities in Essex County and in Newark were as follows:

Community	Total	Male	Female
Total Essex County	3852	1670	2182
Newark	3097	1348	1749
Other Essex County	755	322	433
	Total	White	Negro
Total Essex County	3852	2624	1228
Newark	3097	2081	1016
Other Essex County	755	543	212

The age distribution of those having physical disabilities was recorded as follows:

Community	Essex County	Newark	Other Essex County
Total	100.0	100.0	100.0
Under 16 years	2.4	3.0	0.3
16 - 39 years	17.1	18.4	11.6
40 - 59 years	31.3	32.7	25.2
60 - 69 years	29.7	29.1	32.2
70 years and over	19.5	16.8	30.7

*The National Health Survey: 1935-36

The Magnitude of the Chronic Disease Problem in the United States
Bulletin No. 6 - page 13

The cause of the disabilities among the 3852 relief recipients were recorded as follows:

Disability	Total number	Per cent
Total	3852	100.0
Epidemic	23	0.6
Tuberculosis	206	5.4
Venereal disease	165	4.3
Tumors, etc.	337	10.0
Cancer	24	0.6
Diabetes	97	2.5
Encephalitis	387	10.0
Heart disease	416	10.8
Asthma, etc.	77	2.0
Kidney, ulcers, etc.	184	4.8
Nephritis, glands	8	0.2
Leg ulcers	26	0.7
Bone diseases	13	0.3
Malformation	58	1.5
Senile, old age	1606	41.7
Loss limb, fractures	81	2.1
Ill defined diseases	42	1.1
Diagnosis not reported	52	1.4

In a relief census made by the State Financial Assistance Commission in cooperation with the Department of Institutions and Agencies in December 1937 the following chronics were reported on the relief loads in Essex County municipalities:

Chronics Reported on Relief Loads
Essex County Municipalities
December 1937

Municipality	Family cases on relief		Per cent of family cases reporting members in family having chronic physical handicaps	Non-family cases on relief		Per cent of non-family cases reporting chronic physical handicaps
	Total number	Cases reporting members having chronic physical handicaps		Total number	Number reporting chronic physical handicaps	
Newark	9310	1747	18.8	2891	884	30.6
Orange	545	104	19.1	223	83	37.2
Montclair	487	107	22.0	162	96	59.3
East Orange	356	60	16.9	163	43	26.4
Irvington	260	38	14.6	69	28	40.6
Belleville	227	44	19.4	52	13	25.0
Bloomfield	174	17	9.8	38	13	34.2
Nutley	128	35	27.3	26	-	-
West Orange	96	9	9.4	34	13	38.2
Maplewood	37	3	8.1	5	3	60.0

IV. CHRONIC PATIENTS IN GENERAL HOSPITALS

Over five per cent (5.4 per cent) of the total patients in general hospitals were found to be suffering from chronic illness in a census of chronic patients in general hospitals in Essex County made by the Department of Institutions and Agencies in the Spring of 1939 in cooperation with the Hospital Council of Essex County.

Municipality and hospital	Number of patients	
	Total in hospital	Chronically ill
Total - 14 hospitals	2402	130
Irvington		
General Hospital	72	7
Montclair		
Mountainside Hospital	211	3
Newark		
Babies Hospital	37	3
Beth Israel	373	29
St. Barnabas	140	10
City Hospital	667	24
Columbus	68	1
Community	22	7
Hospital for Crippled Children	71	15
Memorial Hospital	95	4
Presbyterian Hospital	208	2
St. James	78	2
Oranges		
East Orango General	92	8
Orango Memorial	268	15

Chronic diseases grouped themselves as follows:

Diagnosis	Number
Total	130
Epidemic diseases	13
Poliomyelitis	7
Tuberculosis of spine	1
Tuberculosis of joints, etc.	2
Other forms of tuberculosis	3
General diseases	25
Cancer, etc.	7
Benign tumors, etc.	1
Arthritis and rheumatism	8
Diabetes	6
Anemia	2
Other	1
Diseases of nervous system and of organs of special sense	20
Encephalitis	1
Cerebral hemorrhage and shock	5
Other paralysis	10
Chorea	1
Other diseases of nervous system	2
Diseases of eye and ear	1
Diseases of the circulatory system	38
Diseases of the heart	27
Arteriosclerosis	7
Other	4
Diseases of respiratory system (Non TB)	3
Diseases of digestive system	5
Ulcers of stomach	3
Other	2
Non-venereal diseases of genito-urinary system	7
Chronic nephritis	1
Diseases of prostate	3
Other	3
Diseases of bones and organs of locomotion	3
Malformations	6
Old Age	1
External causes	7
Fractures	5
Other	2
Undiagnosed	2

The ages of the general hospital patients suffering from chronic illness ranged from less than five to over ninety years. Twenty per cent were less than 15 years old, 5 per cent were between the ages of 15 and 29, 37 per cent between 30 and 59, and 38 per cent over 60 years of age.

Age	Number
Total	130
Under 5 years	4
- 5 - 9 years	11
10 - 14 years	11
15 - 19 years	2
20 - 24 years	3
25 - 29 years	1
30 - 34 years	5
35 - 39 years	4
40 - 44 years	6
45 - 49 years	9
50 - 54 years	12
55 - 59 years	13
60 - 64 years	16
65 - 69 years	13
70 - 74 years	11
75 - 79 years	3
80 - 89 years	3
90 - 94 years	2
Unknown	1

V. POPULATION OF WELFARE HOUSES
OF NEWARK AND ORANGE

A large proportion of persons seeking care in almshouses are obliged to do so because they are not only indigents but because they are suffering from various chronic diseases needing prolonged medical and nursing care. The following table shows the total population of the Newark and Orange welfare houses. A study of this population would have to be made to determine those suffering from chronic illnesses and the practical type of care they need.

Population of the Welfare Houses of Newark and Orange, July 1939

Welfare house	Total	Male	Female	White	Negro	Under 65	65 and over
NUMBER							
Newark	403	313	90	357	46	150	253
Orange	72	62	10	69	3	3	69
PER CENT							
Newark	100.0	77.7	22.3	88.6	11.4	37.2	62.8
Orange	100.0	86.1	13.9	95.8	4.2	4.2	95.8

VI. OLD AGE ASSISTANCE RECIPIENTS

Nearly 4500 persons 65 years of age and over were receiving old age assistance in Essex County on December 1, 1939, the sex proportion being 46 per cent males and 54 per cent females. The following table indicates a continuous growth in the rolls of old age assistance recipients:

At end of fiscal year (June 30)	Number of recipients	
	Essex County	Newark
December 1, 1939	4476	2783
1939	4333	2705
1938	3646	2277
1937	3249	2036
1936	2038	1308
1935	1727	1034
1934	1410	886
1933	1210	742

In regard to the problem of chronic disease among recipients of old age assistance the Old Age Division of the Department of Institutions and Agencies makes the following comment:

"It is well known that the incidence of illness increases with advanced age and that few persons of sixty-five and more escape some form of heart disease, arteriosclerosis, or one of the common inflammatory diseases of the joints."

"It is shown, for example, in a recent study in one county that one-third of all persons receiving old age assistance were afflicted with heart disease. This included complications in the form of arteriosclerosis and high blood pressure. Fifteen per cent of all persons suffered from arthritis or rheumatism and about 10 per cent from diseases of the digestive system. Three per cent suffered from diabetes and just slightly less than 10 per cent from genito-urinary diseases."

"The incidence of cancer among aged persons is higher than for other age groups. Physicians' services and facilities of specially equipped clinics are made available to persons suffering from this disease wherever possible, but the need for hospital care in an institution especially designed for this type of patient is immediate."

VII. THE AGING GENERAL POPULATION

At the 1930 United States census the age distribution of the Essex County general population was as follows:

Age	Number	Per cent
Total	*833,513	100
Under 20 years	286,327	34
20 - 44 years	358,590	43
45 - 64 years	150,479	18
65 years and over	37,601	5

*Including 516 cases with unknown ages

On the basis of the existing trends in population characteristics estimates have been made of the relative proportion of the aged in the general population projecting the figures until 1960.

Year	Total	Under 20 years	20-44 years	45-65 years	65 years and over
NUMBER					
1960	1,018,733	240,508	403,026	266,015	96,095
1950	992,283	254,890	416,502	239,781	70,379
1940	925,199	272,725	387,710	202,737	51,751
1930	833,513	286,327	358,590	150,479	37,601
PER CENT DISTRIBUTION					
1960	100	24	40	26	10
1950	100	26	43	24	7
1940	100	29	42	22	6
1930	100	34	43	18	5

VIII. COMMENTS BY HOSPITAL SOCIAL WORKERS ON CHRONIC PATIENTS CARE

Hospital Number One

"For Newark indigent chronic patients there is only one source of nursing care, namely, the Newark City Convalescent Hospital. This institution, however, is always crowded and the patient is accepted only on rare occasion. For patients without Newark residence, there is practically no care available.

"For the patient who is able to pay something toward nursing care there are private nursing homes available, but the amount the patient can pay is always so small in comparison to the total amount charged, that even with the financial assistance of public or private groups the care of the individual is limited. This is especially true because of the nature of the illness and the long time care needed.

"The Friendly Haven, which is a nursing home for chronically ill patients, has a minimum charge of \$70.00 a week. We can secure temporary care through the assistance of two organizations; the Flo Okin Memorial Organization and the Friendly Sisters, but not for continued long time care. The St. Rose's Home in New York City accepts cancer patients free, but patients do not like to go to St. Rose's Home because of the distance from Newark and the inaccessibility of visiting the relatives.

"For the chronic sick, that is the hypertension patients and the diabetics and the mental cases consisting of the post encephalitic, and the epileptic there are no resources available. We have on record 40 patients that were admitted to the hospital with a chronic illness and who have had readmissions in a general hospital and who could have been taken care of in a hospital for chronics.

"There are absolutely no facilities for nursing or convalescent care of the chronic colored patient."

Hospital Number Two

"There are quite a few patients who need not have been admitted to this hospital if there had been an adequate chronic hospital. It is a discouraging, time-consuming task to make plans to get such patients out of the hospital once they are here. Many of these have had repeated admissions. They come in because of some slight flare-up which needs the attention of a doctor but which could easily be handled in a chronic hospital. They stay a few days and are sent home to inadequate care only to be returned to the hospital in a short time. Then the process is repeated. This frequent change of environment is very hard on the patient as well as being a terrific task for the hospital. It consumes hours of the time of the social worker and in the end she feels she has done a very poor job in meeting the patient's needs.

"Some of the reasons for our difficulty are as follows. Lincensed nursing home facilities are limited for the white patient needing such care but for the colored patient they are completely inadequate. We are constantly being forced to send colored patients home to conditions which we know are most unsatisfactory because we must make room for an acute patient.

"The nursing homes cannot give adequate care to many of these cases, either because they do not have the physical equipment for the treatment of their chronic diseases, or because the patients cannot afford to pay the extra amounts required for the medical service they need in addition to the minimum the nursing home provides.

"However, all that has been said so far is only striking at the problem of adequate prolonged terminal care for the chronic who is already handicapped, but one of the chief responsibilities of a good chronic hospital would be to offer facilities for the study of chronic diseases with the hope of saving some patients from being completely disabled."

Hospital Number Three

"The social worker is in close touch with the physicians in charge of the ward patient and she is, in most cases, prepared with some plan for the patient who is chronically ill when he or she is no longer in need of special medical or nursing care. There is no provision for care of these patients. Some of the patients are given nursing home care in the private nursing homes which is paid for by public relief agencies or private agencies. In the case of the patient going back to his home, it means visiting nursing care in the home and in many cases it requires case work with the family for them to make an adjustment to a chronically ill person:

"Care of the patient with the diagnosis of carcinoma is a problem in that this patient is not accepted by the private nursing home usually. St. Rose's Home for Incurable Cancer in New York City has always been willing to accept these patients for terminal care for which we are grateful.

"There is no provision for the patient who is suffering from arthritis to receive physical therapy treatment in conjunction with nursing care. Transporting these patients to the hospital for treatment is a problem to the hospital and to the patient.

"Cardiac patients who are bed patients or are allowed limited activity do not get proper care while living in boarding houses because of problem of going up and down stairs, and lack of any nursing care. They need some nursing care and supervision.

"Some plan for institutional care is necessary for many of the patients in this group. The present arrangement is very expensive to both the public and private agencies participating."

IX. CONSIDERATIONS IN A PROGRAM FOR THE CARE OF THE CHRONICALLY ILL

The question "How shall a community meet its obligation to the chronic sick?" is effectively answered by Dr. Ernst P. Boas, chairman of the Committee on Chronic Illness of the Welfare Council of New York City:

"The prime need is the establishment of a policy for the care of the chronic sick and a correlation of the various facilities, public and private, that may be employed in their care. Then patients could be classified and assigned to the proper service according to the type of care they need. A patient may need care in the chronic hospital, in the custodial home, in an out-patient clinic, or he may need the services of a physician and nurse in his home. The existing institutions represent a haphazard development which has not been guided by any consistent policy. There is no uniform system of admission to the several institutions, patients are not properly sorted; the different institutions are not functionally related to one another, each pursues its own individual development. Most of the institutions are ill adapted to the needs of their patients. There are so many facets and ramifications to the problem that it would seem wise to establish a special administrative section for the chronic sick in the local government."

Dr. Boas feels that "a completely equipped and staffed hospital for chronic diseases must be the nucleus of the service for the chronic sick. The efficiency and standards of the whole service depends on the standards set by this hospital. Such a hospital focuses attention on the problem and serves as an educational ferment to encourage further development of the general program for the care of the chronic sick. It functions further as a professional center from which in the future will radiate different and correlated services."

The Committee on Related Matters of the New Jersey Health and Welfare Conference suggests that there are now at least five possibilities in New Jersey whereby appropriate care for the chronically ill may be made available:

1. Care of Patients in their own homes. If such a case is indigent or the patient and his family are not financially able to provide it, the community has the moral responsibility to provide necessary medical and nursing care, in addition to food and shelter. The actual and advisory nursing care usually needed in such cases could probably be supplied most practically by visiting nurses. General and specialized clinics for heart, asthma, cancer and the like, operated in general hospitals might be practical as a source of treatment for many ambulatory cases cared for at home.

2. The Nursing Home. Such an institution providing nursing or custodial care, now serves those who are able to pay for such service but who are unable to have it provided at home because of the physical unsuitability of the home or because of other reasons.
3. Homes for the Aged, might broaden their programs to provide custodial care for chronics who are incapacitated and have such limited funds that they are unable to care entirely for themselves but not needing or being able to afford care in a private nursing home.
4. Present Public Almshouses and Welfare Houses, may be adapted to care not only for the aged but for the chronically ill who may either be indigent or have some means of support. These institutions might be enlarged or expanded to cover medical and nursing care adequate for many chronic diseases. Graduated fees could be charged those able to pay.
5. General Hospitals. Such institutions might consider establishing for chronic diseases special wards, sections, or pavilions; establishing or affiliating with a convalescent or nursing home prepared to give proper attendant care to cases of illness after acute symptoms have subsided; or extending dispensary and special clinic service for some chronically ill, such service to include nurses with special training to convey to the homes of these patients prescribed methods of care.

From his long experience with the care of the chronically ill and intensive studies of the problem Dr. Boas reaches the following conclusion:

"The picture of the status of the chronic sick in the community is one of complete confusion. The picture of the inroads of chronic disease, of its prevalence and its destructive force, on the other hand, is vivid and precise. We have the knowledge to dispel this confusion and to replace it with a constructive, ordered program. There must be permanent farsighted coordinated activity for the prevention and relief of chronic illness. This can be accomplished by no overnight magic; it demands a continuous effort based on a plan that will step by step reach the goal of complete municipal control of the problem."



